

in Calcutta, and yet nothing was done to prevent American citizens from walking headlong into the death trap.

On the morning of the day the Ethiopia sailed from Glasgow, I called upon our consul there to learn what provisions had been made against the embarkation of steerage passengers and others from districts affected by the cholera. I was received very courteously and told that he had just then received orders from Washington to request the steamship company to fumigate all the steerage passengers under his supervision. Thinking that possibly further protective orders might have been received from home I repaired to the dock four hours ahead of the sailing time of the vessel, expecting to undergo some sort of examination, perhaps fumigation, but found nothing of the kind. It was said that the steerage passengers were fumigated, but I did not learn where. They, with the second cabin passengers passed in view of a physician as they stepped from the gang plank who did nothing more than look at the motley crowd as it passed him, and ask a few children when they had been sick. He could no more tell whether the seeds of cholera, scarlet fever or diphtheria were in their bags and bundles than whether they had had mutton for dinner.

After such meagre sanitary precautions 442 people were sandwiched into the vessel, only two weeks after the cholera had broken out in the city among a batch of Hebrews who had arrived a few days before the departure of the steamer on which their passage had been engaged. The Ethiopia sailed on the day the President's proclamation, imposing a twenty days' detention in quarantine on vessels with steerage passengers on board, went into effect, with 191 persons in the steerage, and the prospect of being detained twenty days was a constant source of anxiety and fear during the voyage. Would it not have been better if the President had proclaimed that the twenty days' purification must be performed on the other side; that a rigid examination of all persons embarking for this country, requiring written evidence of their whereabouts for twenty days, must be made by the consul; and all persons coming from sections afflicted with the cholera must be disinfected and detained twenty days before sailing, upon pain of indefinite detention in quarantine here.

A thorough preliminary examination and detention, if necessary, on the other side would simply change the place of action; and the change would be advantageous. It would enable all persons to procure evidence of where they were at any time previous to departure, and in case delay were necessary would permit them to remain on land, free from the enervating restraints and nauseating discomfort which are inseparable from confinement on a crowded vessel lying at anchor.

At home the pauper and criminal are shielded against contagious and infectious diseases, while under our present system of quarantine the best citizen abroad with his face turned homeward, perhaps in sight of the Stars and Stripes, is compelled to step upon the broad ocean without the least assurance that pestilence and death are not awaiting him in the foreign filth with which he will be surrounded on the way, and from which he cannot escape, to find the door closed against him for twenty days if he survive to reach home.

In opposition to national control of quarantine,

and in advocacy of State rights, it may be said that the traveller abroad can ascertain from the owners of the vessel he proposes to take whether persons from parts where cholera prevails will be on board, and if they deceive him and he suffer loss through the deception he may have recourse at law at home. So he may if he be fortunate enough to get home alive.

But this is the logic of the forum and the courtroom, and not of the hospital and sick room.

As physicians and sanitarians our best work is done in the prevention of illness and suffering; and at present in view of the strong probability of the recurrence of cholera in Europe next summer, it seems the immediate duty of the profession to call the attention of our government to the importance of making provision to meet the dread disease before it reaches our shores, to guard our own citizens in transit on the sea against it, and thus prevent a repetition of this year's mournful scenes in New York harbor.

These ends can be reached best by putting quarantine entirely in the control of the National Government, and extending its regulations to, and enforcing them rigidly, in foreign ports.

HIGHER MEDICAL EDUCATION.

BY W. M. HARSHA, A.B., M.D.,

OF CHICAGO, ILL.

Higher medical education was discussed at the meeting of the South Side Medical Club, October 28, last.

President Harper, of the Chicago University, had expected to be present but was prevented, much to the disappointment of the members of the club.

The principal speaker of the evening was Prof. Wm. E. Quine, a recognized leader in the movement toward higher medical education, who in his usual interesting and impressive manner, traced the advances made in medical teaching during the past two decades. He showed conclusively that the progress has come through the efforts of medical teachers of the more progressive schools, rather than through the demands of the profession at large, or of the public or even of State boards of health. The higher standard of preliminary education now obtaining among medical students was noted among the encouraging signs; and the establishment of an increased number of chairs, and of microscopical, bacteriological and other laboratories here in Chicago, in the more progressive medical colleges, was cited to prove that higher medical education has already been inaugurated; and that we have now in our midst facilities for the scientific study of medicine equal to any found on this continent.

In the discussion that was evoked comparisons were made between the present methods of teaching in this country and those of European countries, which were not discreditable to us when only the better colleges are considered. The average attainment of practitioners however was deplored; and the short and easy courses of study through which a majority have graduated, were pronounced inadequate.

The opinion was general that a higher preliminary education and compulsory four year courses of medical study in which laboratory, manual training, and clinical instruction shall be prominent features,

are necessary. Many of these conditions now obtain in the better institutions, while in others there are efforts to raise the standard. This augurs well for the medical graduates of the future and much credit is due to the enthusiastic supporters of the movement. Little was said about post graduate study. A majority of all practitioners of the present have obtained their degrees before the advances noted were made. These men are the conservators of the public health, and to some extent, of the wealth of people.

As such it is their duty to disseminate sanitary and hygienic knowledge and so prevent disease, although in doing so they strike at the source of their income. So often did epidemics occur in times past to decimate populations that some philosophers regarded them as a beneficent provision of nature intended to check over-population. But scientific physicians have sought out the causes of disease in many instances and rational means of prevention were next discovered. Within the past few years the specific causes of suppuration, which gives rise to most forms of blood poisoning, have been discovered. This led to modern aseptic and antiseptic plans of treatment, and as a result the mortality from wounds, injuries and surgical operations has been reduced to a minimum. Likewise the various causes of tuberculosis, typhoid fever, tetanus, erysipelas, diphtheria, and other infectious diseases have been revealed by the microscope, and we have new grounds for belief that means of prevention and cure will be found.

It is estimated that nearly one-third of all children born die before they reach the age of five years—mostly from microbic diseases.

Tuberculosis causes about one-seventh of all deaths. Typhoid fever has caused two thousand deaths annually during the past two years in Chicago alone. From this it will be seen that much remains to be done. The prevailing spirit of scientific investigation must be fostered. It is the duty of the profession to conserve life and assist in the evolution of the race and the attainment of its destiny.

The public which reaps the benefits of scientific medical discoveries has done little in return. The National Government has not consented to establish a department of public health. Appropriations have been insignificant; and legislation aimed at higher standards has been uniformly obstructed in the various States.

In other departments of learning National, State and individual aid of a substantial character has been freely given. In our own State, except in one instance, nothing has been bestowed upon medical teaching so far as I know. Millions have gone to endow hospitals in which the sick may be cared for—little has been given to foster the study which shall aid men to prevent and cure disease.

Theological schools are the recipients of immense sums from time to time. A vast amount of wealth is lavished on art. Half a million is bestowed upon the department of astronomy in the great university now starting. Practically nothing is given to aid enthusiastic men to seek out the causes and cures of disease, to lessen the number of the lame, the halt, and the blind that may be seen on our streets, in the hospitals and asylums. Medical men of scientific bias and training do not acquire large fortunes. Several physicians of international reputation have died in the past three years in Chicago—men who

were well known throughout this broad land as medical teachers. So far as I know not one of them left an estate valued at more than fifty thousand dollars. Medical discoveries are not preserved to enrich the authors by regular physicians; but are donated to the profession and so to the public. Commercial medical men who often acquire fortunes are not interested in the scientific aspects of the work and hence little can be expected in the way of endowment for medical instruction from the medical profession. To a considerable extent medical teaching is gratuitous.

Post graduate schools there are that are of incalculable value to the profession. Hundreds of physicians annually avail themselves of the advantages they afford and so the standard of skill and knowledge is constantly advanced. A majority of physicians however, cannot make the sacrifice of business necessary to enable them to devote several consecutive weeks to study; and so they fall behind in the rapid march. Let the University extension plan be applied in post graduate study. If the mountain will not go to Mohammed, let Mohammed go to the mountain. In the city teachers may be provided where groups of ten or twelve can be found who desire to study any special course in their own locality. This in my judgment would give a great impetus to medical study throughout the whole profession. Physicians are willing to pay for such instruction if they can secure it without too great sacrifice of time. In microscopy and bacteriology, which are of the greatest value there is no bar to a proper study in such a manner. In addition to valuable knowledge gained making better sanitarians, diagnosticians, and practitioners, there will spring up more harmony in the profession, and best of all, will come a thirst for more knowledge, which is the most important feature of any education.

58 State St., Nov. 10, 1892.

THE TREATMENT OF SPECIFIC AND NON-SPECIFIC URETHRITIS BY TOPICAL OLEAGINOUS MEDICATION.

BY EUSTATHIUS CHANCELLOR, M.D.

So much has been written and published on gonorrhœa that the medical world has a certain distaste for any new literature on the subject; suffice it to say that the numerous nostrums and panaceas for it are nearly as common as the disease is prevalent, and hence I feel a sincere misgiving in even attempting an allusion to this subject, not to say anything of the many benefits to be derived by the novel treatment hereinafter described.

More than a year ago, while on a vacation, I was in charge of several hundred men, some of whom were afflicted with the clap, and having but limited means at hand for their treatment, I was in a quandary as to the best method to pursue. The majority of the cases which came under observation were from five to twelve days after incubation, being just about the second period or stage of the disease, which was marked by an abundant, thick, greenish-yellow discharge, considerable pain on micturition, much heat of the caput and body of the organ, with redness of the urethra and meatus.

My attention had long since been directed to the remarkable properties of the chemical compound